

tion, it was 11.5 weeks. The primary affection in four was pneumonia, in four pleuritis, and in two influenza. In three cases there was expectoration of a purulent sputa, all of which ended fatally, though one was operated on. In one of those operated on who was not cured by the operation, fetid pus was found. In this case the empyema was ascribed to a fall, with probable lesion of the lung. As to complications among those operated on with success, in one there was pericarditis and in another erysipelas (twice). In those unsuccessfully operated on purulent pericarditis was noticed once, tuberculosis once, in one case pleuritis appeared on the opposite side, and in two multilocular encapsulation. Since 1884 the writer resects one of the ribs, either the sixth, seventh or eighth, with subsequent irrigation with a solution of boric acid. The irrigation is repeated only in case of a purulent discharge. In 1891 he had operated upon three cases, among which influenza was the cause in two, while the third was of traumatic origin. In this latter the discharge was fetid, with later appearing subcutaneous and multiple abscesses, which were partly absorbed. All these three cases went on to a successful termination.—*Norsk Magazin for Lægevidenskaben*, p. 45, 1892.

II. Cancer of the Cæcum and Its Extirpation. By M. W. AF SCHULTEN (Helsingfors, Finland). The writer operated, successfully, upon a cancer of the cæcum and ascending colon. The degenerated piece of intestine was resected, circular intestinal sutures applied, and the intestine replaced in the abdomen. The whole subject is completely considered, with regard to diagnosis, treatment, prognosis, etc.—*Nordiskt Medicinskt Arkiv*, Bd. 11, Häft 3, 1892.

III. Treatment of Gangrenous and Possibly Gangrenous Hernia. By THORKILD ROVSING (Copenhagen, Denmark). The writer, after describing Poulsen's method of treating gangrenous hernia by freely drawing forth the intestine and keeping it under observation for a short period, is of the opinion that this method will be found of service in treating suspicious cases. All the suspected portion of intestine is drawn out of the abdomen and kept under

observation; if it remains normal replace it; in case it sloughs, treat the anus præternaturalis. He cites the following case in support of his views: A woman, forty-three years old, presented a left-sided inguinal hernia which had been incarcerated three days. In the hernial sac a bluish-black piece of intestine, eleven centimetres in length, together with a small piece of omentum, was discovered. The omentum was removed. The gut was loosened from its adhesions and drawn forth. At the place of incarceration it was of a dull color, blackish in several spots, and at one place the serous investment was bursted; on the upper portion several blackish, dull spots were observed. As gangrene was feared, enough intestine was drawn out to make a loop twenty centimetres long outside the abdomen and in the hernial sac. The case ran a normal course; no reaction. The dressing was removed the fourth day after the operation; the gut was of a normal red appearance, without a sign of gangrene. The sutures were removed, the intestine replaced, the hernial sac and cutaneous wound closed, merely a small drainage tube being left in the wound. The case ran a favorable course, and she was discharged with a truss a month after the operation. In addition to the above, the writer refers to two other cases of certain gangrenous intestine where this method was employed. Both patients died; the one, a fifty-six-year-old woman, with an inguinal hernia, the next day from acute peritonitis, and the other, a seventy-three-year-old woman, with a crural hernia, from apparent sepsis, due to a phlegmonous inflammation of the hernial wounds, a few weeks after the operation.—*Hospitals-Tidende*, R. 3, Bd., 10, S. 465.

IV. Bacteriological Examination of the Fluid in Incarcerated Hernial Sacs. By THORKILD ROVSING (Copenhagen, Denmark). The writer has made a bacteriological examination of the fluid contained in five incarcerated hernial sacs. Neither inoculation in agar-gelatine, nor microscopic examination, revealed the presence of bacteria. In four cases the gut was in a condition to be